

<i>SERFF Tracking Number:</i>	<i>LLAC-126929821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Life Assurance Company of Boston</i>	<i>State Tracking Number:</i>	<i>47437</i>
<i>Company Tracking Number:</i>	<i>SPWL-2010157, SPWL-2010157-T</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>Single Premium Whole Life Contract</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Liberty Life Assurance Company of Boston

Product Name: Single Premium Whole Life SERFF Tr Num: LLAC-126929821 State: Arkansas

Contract

TOI: L07I Individual Life - Whole SERFF Status: Closed-Approved-Closed State Tr Num: 47437

Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num: SPWL-2010157, State Status: Approved-Closed
SPWL-2010157-T

Filing Type: Form Reviewer(s): Linda Bird
Authors: Andrew Baron, Margaret Gallagher, Lindsey Boisvert Disposition Date: 12/03/2010
Date Submitted: 12/02/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: NH is a member of the IIPRC, which is pending.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 12/03/2010	Explanation for Other Group Market Type:
	State Status Changed: 12/03/2010
Deemer Date:	Created By: Margaret Gallagher
Submitted By: Margaret Gallagher	Corresponding Filing Tracking Number:
Filing Description:	
Re: SPWL-2010157 Single Payment Whole Life Insurance Contract	
SPWL-2010157-T Contract Information page	

The above referenced forms are being submitted for your review and approval. These forms are new and will not replace any form currently on file with the Department.

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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>Single Premium Whole Life Contract</i>		
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Form SPWL-2010157 is a Single Payment Whole Life Insurance Contract, contains secondary guarantees, and pays a death benefit, as described in the contract, upon the death of the insured. Form SPWL-2010157-T is the contract information page for use with form SPWL-2010157. We will add to form SPWL-2010157 any applicable riders or endorsements approved by the Department.

Form SPWL-2010157 will use simplified underwriting.

Contract specifications will be displayed on Contract Information page SPWL-2010157-T or any subsequently approved Contract Information page.

Form SPWL-2010157 will be applied for using form APP-2007140, approved Feb 22, 2008, or any other approved applications.

Forms SPWL-2010157 will be marketed through agents licensed with Liberty Life Assurance Company of Boston or marketed directly to the consumer. These products are intended to be sold for general use in the general individual market.

These forms are being submitted to the Interstate Insurance Product Regulation Commission of which our home state of Massachusetts is a member.

These forms will not be illustrated.

Variable information is described in the enclosed Statement of Variability.

Company and Contact

Filing Contact Information

Margaret Gallagher, Senior Product and Contract Analyst 100 Liberty Way Dover, NH 03820	Margaret.Gallagher@LibertyMutual.com 800-451-7065 [Phone] 36130 [Ext] 603-743-3162 [FAX]
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Filing Company Information

Liberty Life Assurance Company of Boston 100 Liberty Way Dover, NH 03820 (800) 451-7065 ext. [Phone]	CoCode: 65315 Group Code: Group Name: FEIN Number: 04-6076039	State of Domicile: New Hampshire Company Type: State ID Number:
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SERFF Tracking Number: LLAC-126929821 State: Arkansas
Filing Company: Liberty Life Assurance Company of Boston State Tracking Number: 47437
Company Tracking Number: SPWL-2010157, SPWL-2010157-T
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: Single Premium Whole Life Contract
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$50 per form x 2 forms
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Life Assurance Company of Boston	\$100.00	12/02/2010	42569919

SERFF Tracking Number:	LLAC-126929821	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/03/2010	12/03/2010
Approved-Closed	Linda Bird	12/03/2010	12/03/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability	Margaret Gallagher	12/03/2010	12/03/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to re-open filing	Note To Filer	Linda Bird	12/03/2010	12/03/2010

<i>SERFF Tracking Number:</i>	<i>LLAC-126929821</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 12/03/2010

Implementation Date:

Status: Approved-Closed

Comment: Statement of variability was submitted to be included in the original filing.

Rate data does NOT apply to filing.

SERFF Tracking Number:	LLAC-126929821	State:	Arkansas
Filing Company:	Liberty Life Assurance Company of Boston	State Tracking Number:	47437
Company Tracking Number:	SPWL-2010157, SPWL-2010157-T		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.111 Single Premium - Single Life
Product Name:	Single Premium Whole Life Contract		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Single Premium Whole Life Contract		Yes
Form	Contract Information page		Yes

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Disposition

Disposition Date: 12/03/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Supporting Document	Flesch Certification		Yes
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Form	Contract Information page		Yes

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TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: Single Premium Whole Life Contract
Project Name/Number: /

Amendment Letter

Submitted Date: 12/03/2010

Comments:

SOV attached under Supporting Documentation.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment:

SOV SPWL-2010157 12-1-2010 contract.pdf

SOV SPWL-2010157-T 12-1-2010 AR.pdf

SERFF Tracking Number: *LLAC-126929821* *State:* *Arkansas*
Filing Company: *Liberty Life Assurance Company of Boston* *State Tracking Number:* *47437*
Company Tracking Number: *SPWL-2010157, SPWL-2010157-T*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.111 Single Premium - Single Life*
Product Name: *Single Premium Whole Life Contract*
Project Name/Number: /

Note To Filer

Created By:

Linda Bird on 12/03/2010 11:56 AM

Last Edited By:

Linda Bird

Submitted On:

12/03/2010 11:56 AM

Subject:

Request to re-open filing

Comments:

Filing has been re-opened in order for correction to made in the original filing.

SERFF Tracking Number: LLAC-126929821 State: Arkansas

Filing Company: Liberty Life Assurance Company of Boston State Tracking Number: 47437

Company Tracking Number: SPWL-2010157, SPWL-2010157-T

TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Single Premium Whole Life Contract

Project Name/Number: /

Form Schedule

Lead Form Number: SPWL-2010157

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SPWL-2010157	Policy/Contract Certificate	Single Premium Whole Life Contract	Initial		58.000	SPWL-2010157 Rev 05-11 - Filing.pdf
	SPWL-2010157-T	Schedule Pages	Contract Information page	Initial		0.000	SPWL-2010157-T - Filing.pdf



LIBERTY LIFE ASSURANCE COMPANY OF BOSTON
Member of Liberty Mutual Group

Home Office: [175 Berkeley Street, Boston, Massachusetts 02116]
Service Center: [100 Liberty Way, Dover, New Hampshire 03820-5808]
For inquiries, call [(800) 451-7065] or write our Service Center at the address above.

PLEASE READ THIS LIFE INSURANCE CONTRACT CAREFULLY.

We will pay the benefits provided in this life insurance contract, subject to its terms and conditions.

We have issued this contract in consideration of the owner's application and the receipt of the single payment.

Right to Return

If the owner is not satisfied, the owner may return this contract to us or our agent within 30 days of its receipt and any premium paid, including any fees or charges will be refunded. After returning this contract, this contract is considered void from the beginning and the parties will be in the same position as if this contract had not been issued.

This is a legal contract between the owner and Liberty Life Assurance Company of Boston, a stock company.

Signed for the Company.

[*Dexter R. Fay*]
SECRETARY

[*David M. Jony*]
PRESIDENT

Contract Description

This is a Single Payment Whole Life Insurance Contract.

The death benefit is payable if the insured dies while this contract is in force, subject to the terms and conditions of this contract.

The guaranteed death benefit and account value may vary with flexible factors.

This contract is not eligible for dividends.

At age 121, the cash value is guaranteed to be equal to or greater than the guaranteed death benefit.

Benefits are payable on the earlier of death or contract maturity.

CONTRACT GUIDE

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DEFINITIONS

This is what we mean when we use the following words in this contract:

Attained Age

The insured's age on his or her last contract anniversary.

Contract

The same as policy.

Contract Date

The date when insurance coverage becomes effective.

Indebtedness

Any unpaid contract loan and unpaid loan interest.

Guaranteed Death Benefit

The face amount of the contract.

Insurance Producer

An agent, sales representative or other authorized representative acting in the capacity of an agent on behalf of Liberty Life Assurance Company of Boston.

Insured

The person whose life is insured under this contract. The insured is shown on the Contract Information page.

Maturity Date

The maturity date is the date this contract matures. This is the date the insured reaches attained age 121.

Monthly Date

The same date in each month as the contract date. If the contract date is the 29th, 30th or 31st, the monthly date will be the 28th.

Net Death Benefit

The death benefit, less any indebtedness.

Owner, You, Your

The owner or any joint owner of this contract, who may be someone other than the insured.

Proceeds

All or part of the amount payable under any provision of this contract.

Rider and/or Endorsement

An additional benefit or change by the Company that is attached to and made a part of this contract. A rider is the same as an agreement.

Written Request

A notice in writing, satisfactory to us, placed on file at our Service Center.

We, our, us, the Company

Liberty Life Assurance Company of Boston.

**Complete contract includes Contract Information page here.
Contract not valid without complete Contract Information page.**

DEATH BENEFIT

The Benefit

If the insured dies while this contract is in force, subject to the terms and conditions of this contract, we will pay a death benefit to the beneficiary.

The guaranteed death benefit is shown on the Contract Information page. The guaranteed death benefit is reduced proportionately for partial withdrawals. We will reduce the death benefit by any indebtedness.

The death benefit will be the greater of:

- the guaranteed death benefit; or
- the greater of the contract value or the principal guarantee, multiplied by the applicable corridor factor in the Table of Corridor Factors, shown on the Contract Information page.

The corridor percentages in the Table of Corridor Factors use the Cash Value Accumulation Test and are defined in the Internal Revenue Code under Section 7702.

Interest on Death Benefit

We will add interest to any death benefit payable in one sum as required by applicable state law.

MATURITY BENEFIT

Maturity Benefit

If the insured is living and the contract is in force when the insured reaches the maturity date, we will pay a maturity benefit equal to the surrender value of this contract and this contract will terminate.

OWNER AND BENEFICIARY

Owner

The owner is named in the application on the contract date, and may be changed. Unless otherwise provided, the ownership rights of an individual who dies before the insured will belong to the surviving joint owner, if any, otherwise to the owner's estate. The ownership rights of a corporation, partnership, or fiduciary will belong to its successors or assigns.

During the insured's lifetime, the rights and privileges stated in this contract may be exercised only by the owner, or in the case of joint ownership, by all joint owners.

Beneficiary

The beneficiary is as named in the application on the contract date, and may be changed. The owner may name primary and contingent beneficiaries. The interest of any beneficiary who dies before the insured will terminate at the death of that beneficiary.

If no beneficiary designation is in effect at the insured's death, or if there is no designated beneficiary then living, the owner will be the beneficiary. However, if the owner is the insured, the owner's estate will be the beneficiary.

Change of Ownership or Beneficiary

The owner may change the owner or any revocable beneficiary by written request during the insured's lifetime. The change will take effect as of the date the request is signed by the owner. We will acknowledge receipt in writing. The change will be effective whether or not the owner or the insured is living at the time of acknowledgement. The change will be subject to any assignment made or action taken by us before receipt of notice. An irrevocable beneficiary can only be changed with the written consent of the irrevocable beneficiary.

PAYMENT

Single Payment

The single payment is shown on the Contract Information page and is payable on or before delivery of the contract. The payment is payable at our Service Center or delivered to an authorized agent. We will give the owner a receipt upon request.

Grace Period

If the contract has indebtedness and the surrender value is insufficient to pay the loan interest, a grace period of 61 days will be permitted for a payment sufficient to continue the contract in force. We will send a notice to the owner at the owner's last known address, and any assignee of record, requesting the amount due at least 30 days before the grace period ends. If the amount due is not mailed within 61 days, as measured from the start of the grace period, the contract will terminate without value. If the insured dies during a grace period, the death benefit will be reduced by any indebtedness due but not paid.

Reinstatement

This contract may be reinstated within five years of the end of the grace period and prior to the insured's attained age 121 if we receive:

- the owner's written request to reinstate the contract;
- evidence of insurability satisfactory to us; and
- repayment of all indebtedness.

Any reinstatement is subject to the Incontestability and Suicide provision of this contract.

Any withdrawal charges applicable on the date of lapse will be reinstated based upon the duration of the contract on the date of reinstatement.

Upon reinstatement, any payments received will be used to reduce outstanding indebtedness.

The account value upon a reinstatement will be the account value that it would have been on the date of reinstatement.

PAYMENT OF PROCEEDS

Payment

The proceeds of this contract will be subject first to the interest of an assignee, to whom payment will be made in one sum. We will pay any remaining proceeds to the owner before the insured's death, and to the beneficiary after the insured's death.

Payment to the beneficiary will be made only if we receive a properly completed claim form and proof, satisfactory to us, of the insured's death. Unless otherwise provided, payment will be made in equal shares to those beneficiaries entitled to receive the proceeds.

The full surrender of this contract or the payment of the death benefit of this contract upon the death of the insured or payment of the maturity benefit will constitute full settlement of the obligations of this contract.

PAYMENT OF PROCEEDS OPTIONS

Payment of Proceeds Options

An option must be selected by written request. The owner may select an option during the insured's lifetime. If the owner has not selected an option before the insured's death, the beneficiary may choose one. We will not permit full or partial withdrawals after payments commence under a life contingency option. The proceeds may be applied under one of the following options:

1. **Interest:** We will pay interest monthly on proceeds left on deposit with us. We will set the interest rate periodically. It will never be less than the minimum annual interest rate for payment of proceeds shown on the Contract Information page.
2. **Fixed Amount:** We will pay equal monthly installments, first payment immediately, until the proceeds and the interest have been exhausted. Interest will never be less than the minimum annual interest rate for payment of proceeds shown on the Contract Information page.
3. **Fixed Period:** We will pay equal monthly installments, first payment immediately, for not more than 25 years. The minimum amount of each installment may be determined from the Fixed Period Table shown on the Contract Information page. This table is based on the minimum annual interest rate for payment of proceeds shown on the Contract Information page.
4. **Life Income:** We will pay equal monthly installments, first payment immediately, for the lifetime of the payee with or without a guaranteed period. The minimum amount of each installment may be determined from the Life Income Table. This table is based on the Annuity 2000 Mortality Table and on the minimum annual interest rate for payment of proceeds shown on the Contract Information page. The guaranteed period selected may be: (1) 10 years; (2) 15 years; or (3) 20 years.
5. **Other Payment:** We will pay the proceeds in any other manner that may be mutually agreed upon.

Proceeds, at the time of their commencement, will not be less than those that would be provided by the application of the surrender value to purchase a single payment immediate annuity contract at purchase rates offered by us at the time to the same class of annuitants whether the annuity benefits are payable in fixed or variable amounts or both.

CONTRACT VALUES

Availability

No option may be selected unless the amount to be applied is more than \$5,000 and will provide an installment payment of at least \$50. Unless we consent, these options will not be available if the payee is an assignee, administrator, executor, trustee, association, partnership, or corporation.

Additional Interest

At our discretion, additional interest may be declared annually on all payment options. This interest will lengthen the period under the Fixed Amount option, and increase the installment amounts under the Life Income and other income options.

Account Value

On the contract date, the account value is equal to the single payment.

On each monthly date, the account value will be:

- the account value on the prior monthly date; minus
- any applicable contract charges, including cost of insurance charges; plus
- one month's interest at the current annual credited interest rate; minus
- the amount of any partial withdrawals, partial withdrawal fees and applicable interest at the current annual credited interest rate on any partial withdrawals and partial withdrawal fees since the prior monthly date.

The account value on any date other than a contract monthly date will be calculated in a consistent manner.

Minimum Cash Value

The guaranteed death benefit divided by \$1,000 multiplied by the applicable factor from the Table of Minimum Cash Values.

Contract Value

The contract value is equal to the greater of:

- the account value; or
- the minimum cash value.

Cash Value

The cash value is equal to the greater of:

- the account value less any withdrawal charge shown in the Table of Withdrawal Charges as shown on the Contract Information page; or
- the minimum cash value.

On any date other than a contract anniversary, we will prorate the applicable factors from the Table of Minimum Cash Values Per \$1,000 of Guaranteed Death Benefit.

The cash value within 30 days of a contract anniversary will not be less than the cash value on the contract anniversary subject to any withdrawal taken subsequent to such anniversary.

Any cash value available under the contract at any time other than on a contract anniversary, will be calculated with allowance for lapse of time from the last preceding contract anniversary.

Surrender Value

The owner's surrender value is equal to the owner's cash value, minus any indebtedness.

The surrender value within 30 days of a contract anniversary will not be less than the surrender value on the contract anniversary subject to any loan taken subsequent to such anniversary.

Principal Guarantee

The amount payable in the event of a full withdrawal will never be less than the single payment less withdrawals and indebtedness.

Interest Rates

The guaranteed annual interest rate is shown on the Contract Information page. It is compounded monthly and is used to calculate the contract's account value.

We may credit interest in excess of the guaranteed annual interest rate. Additional amounts are nonforfeitable after crediting except indirectly due to withdrawal charges made and the terms and conditions of the contract. If excess interest is credited, it will be added to the guaranteed annual interest rate to equal the current annual interest rate. Any such excess interest will be at our sole discretion and will be credited no less frequently than annually.

Flexible Factors

The flexible factors are the cost of insurance rates and the interest rates. They will be based on our future expectations of mortality, investment earnings, persistency, and expenses. Cost of insurance rates will never be greater than those shown on the Table of Guaranteed Maximum Cost of Insurance Rates shown on the Contract Information page. Interest rates will never be less than the guaranteed annual interest rate shown on the Contract Information page.

CONTRACT CHARGES

Cost of Insurance

The cost of insurance is determined on the monthly date. The cost of insurance charge will be computed as follows:

- subtracting the account value from the death benefit on the first day of the contract month; and
- multiplying this difference by the monthly cost of insurance rate divided by 1,000.

The cost of insurance rate is based on the attained age, sex and rating classification of the insured. The cost of insurance rate will not be greater than the guaranteed rates shown in the Table of Guaranteed Maximum Cost of Insurance Rates shown on the Contract Information page.

Annual Expense Charge

There is an expense charge as shown on the Contract Information page.

Annual Contract Fee

There is a contract fee as shown on the Contract Information page.

CONTRACT LOANS

Loans

This contract has a loan value that is equal to the surrender value as of the date of the loan reduced by interest to the next contract anniversary. We will reduce the death benefit by any indebtedness. Loans must be at least \$250 or the minimum amount as required by state law. Upon written request, the owner may borrow all or part of the loan value by assigning to us the account value of this contract equal to the amount of the loan as security for the loan. We will credit interest to the portion of the account value equal to the amount of the loan at the guaranteed annual interest rate shown on the Contract Information page. The assignment form must be satisfactory to us. Loans may be made at any time while this contract is in force. We may defer the granting of a loan for up to six months except for any loan made to pay premiums due to us.

Preferred Loan

After the contract year shown on the Contract Information page, all existing and new loans will be preferred loans. Interest will be charged on preferred loans as described in the Loan Interest provision.

Loan Interest

Interest charged on contract loans will be payable at an annual interest rate, compounded at each contract anniversary. Interest rates charged on contract loans and preferred loans are shown on the Contract Information page. Interest will accrue daily from the date of the loan, and is due on each contract anniversary. Unpaid interest will be added to existing indebtedness, and will accrue at the same rate.

Repayment

While this contract is in force during the insured's lifetime, any indebtedness may be repaid in whole or in part. Any indebtedness not repaid during the insured's lifetime will be deducted from the death benefit.

CONTRACT WITHDRAWAL

Contract Withdrawal

The owner may withdraw from this contract its full surrender value upon written request at any time during the lifetime of the insured. Upon withdrawal of the full surrender value, this contract will terminate.

The owner may also make a partial withdrawal under this contract. Partial withdrawals must be at least \$250 and the surrender value remaining after the withdrawal must be at least \$5,000. For any partial withdrawal after the first in any contract year, we may charge a transaction fee of \$25. The guaranteed death benefit is reduced on the date of the partial withdrawal in the same proportion that the contract value was reduced.

We may defer the payment of a withdrawal for up to six months.

**GENERAL
CONTRACT
PROVISIONS**

Withdrawal Charge

Unless waived by us, a withdrawal charge will be deducted from the account value in the event of a withdrawal.

The withdrawal charge will be:

- the single payment less any partial withdrawals; multiplied by
- the applicable percentage rate from the Table of Withdrawal Charges shown on the Contract Information page.

For a partial withdrawal, the withdrawal charge is calculated by multiplying the applicable percentage rate from the Table of Withdrawal Charges shown on the Contract Information page by the amount of the partial withdrawal. The total of the withdrawal charges in a contract year may not be greater than the applicable percentage rate from the Table of Withdrawal Charges shown on the Contract Information page multiplied by the portion of the single payment not previously withdrawn as of the beginning of the contract year.

Waiver of Withdrawal Charges

After the first year we will waive the withdrawal charge on that portion of a withdrawal not exceeding 10% of the account value less any prior partial withdrawals taken during the contract year.

This Contract

This contract is issued in consideration of the application and the single payment. All statements made in the application are representations and not warranties. No statement made by or on behalf of the insured will be used by us to contest this contract, or defend a claim under it, unless it is in the application.

Any additional riders are shown on the Contract Information page. These riders are attached to and made a part of this contract. This contract, the attached application, and any subsequent attached applications, contain the entire contract between the owner and us.

Waiver

Only an officer of the Company can waive or change any provision of this contract, and only by means of a written document.

Misstatement of Age or Sex

If the age or sex of the insured has been misstated, any proceeds and other contract values and durations, as applicable, will be adjusted to that amount which the single payment paid would have purchased at the correct age and sex. Age refers to the insured's age last birthday on the contract date.

Non-Participating

This contract is not eligible for dividends.

Assignment

This contract may be assigned. We will not be on notice of an assignment until a duplicate of the assignment is received at our Service Center. The assignment will take effect as of the date the request is signed by the owner and is subject to any actions taken or payments made by us before receipt. We will acknowledge receipt in writing. The assignment will be effective whether or not the owner or the insured is living at the time of receipt. We assume no responsibility for the validity or effect of any assignment, and may rely solely on the assignee's statement of interest.

Contract Anniversary

Contract months, years and anniversaries will be computed from the contract date.

**INCONTESTABILITY
AND SUICIDE****Incontestability**

This contract will be incontestable after it has been in force during the insured's lifetime for two years from the contract date and for two years from the effective date of each reinstatement. Incontestability based on reinstatement is limited to statements made in the application for each reinstatement.

Suicide

If the insured dies by suicide within two years from the contract date, while sane or insane, the amount payable under this contract will be limited to the single payment paid less any indebtedness and withdrawals.

**LIFE INSURANCE
QUALIFICATION****Life Insurance Qualification**

This contract is intended to qualify for treatment as a life insurance contract under the Internal Revenue Code as it now exists or may later be amended. We reserve the right to refuse payment and to return any portion of the payment, if accepting it would disqualify the contract from favorable tax treatment under the Internal Revenue Code. We reserve the right to amend this contract to comply with future changes in the Internal Revenue Code and its Regulations. Any amendments to this contract will be approved by the proper regulatory authorities. We will provide the owner with a copy of any amendment.

**BASIS OF
VALUES****Basis of Values**

The methods and factors used to calculate the contract values are in accordance with Standard Nonforfeiture law. Calculations are based on the Mortality Table described on the Contract Information page and interest at the rate shown below the Table of Minimum Cash Values on the Contract Information page. All values are equal to or greater than those required by law. We have filed a statement with the insurance supervisory official of the state in which this contract is issued. We will give the owner a copy of the statement upon request.

**STATEMENT
OF VALUES****Statement of Values**

After the first contract year and without charge, we will provide the owner with one statement of future guaranteed surrender values and death benefits at any time upon written request. We may charge a reasonable fee, not greater than \$25, for any subsequent statements during the same contract year.



LIBERTY LIFE ASSURANCE COMPANY OF BOSTON
A Member of the Liberty Mutual Group

Contract Description

This is a Single Payment Whole Life Insurance Contract.

The death benefit is payable if the insured dies while this contract is in force, subject to the terms and conditions of this contract.

The guaranteed death benefit and account value may vary with flexible factors.

This contract is not eligible for dividends.

At age 121, the cash value is guaranteed to be equal to or greater than the guaranteed death benefit. Benefits are payable on the earlier of death or contract maturity.

CONTRACT INFORMATION

Insured: [John Doe] Contract Number: [123456789NU3]
Issue Age/Sex: [65 / Male] Contract Date: [January 1, 2011]
Rating Class: [Select] Guaranteed Death Benefit: [\$84,643.00]
Single Payment: [\$50,000.00]

Interest Rates

Guaranteed annual interest rate: 3.00%
Loan interest rate: [5.00%] contract years [1-10]
Preferred loan interest rate: [3.00%] contract year [11] and later

Riders and Endorsements

[Waiver of Withdrawal Charge Endorsement
Issue Date: [January 1, 2011]]
[Accelerated Death Benefit Rider
Issue Date: [January 1, 2011]]

Contract Charges

Cost of insurance: Described in the Cost of Insurance provision
Withdrawal charge: Described in the Withdrawal Charge provision
Annual contract fee: [\$60.00]
Annual expense charge: [\$12.43] per \$1000 of guaranteed death
benefit for the first [20] contract years

Table of Withdrawal Charges

This table applies to the single payment in an event of a withdrawal. There are no withdrawal charges after contract year [seven.]

Contract Year	[1]	2	3	4	5	6	7	[8] and later years []
Withdrawal Charge	[4.00%]	4.00%	4.00%	4.00%	3.00%	3.00%	2.00%	0.00% []

Mortality Table

2001 Commissioners Standard Ordinary Age Last Birthday mortality table, sex distinct, smoker aggregate.

CONTRACT INFORMATION (continued)**Payment of Proceeds Options**

Minimum annual interest rate for payment of proceeds: 2.50%

**FIXED PERIOD TABLE
MINIMUM INSTALLMENT PAYMENT PER \$1,000 APPLIED**

Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment	Number of Years	Monthly Payment
1	84.28	6	14.93	11	8.64	16	6.30	21	5.08
2	42.66	7	12.95	12	8.02	17	6.00	22	4.90
3	28.79	8	11.47	13	7.49	18	5.73	23	4.74
4	21.86	9	10.32	14	7.03	19	5.49	24	4.60
5	17.70	10	9.39	15	6.64	20	5.27	25	4.46

**LIFE INCOME TABLE
MINIMUM INSTALLMENT PAYMENT PER \$1,000 APPLIED**

Male					Female				
Age	No Guaranteed Period	Guaranteed Period			Age	No Guaranteed Period	Guaranteed Period		
		10 Years	15 Years	20 Years			10 Years	15 Years	20 Years
50	3.79	3.76	3.73	3.67	50	3.54	3.53	3.51	3.48
51	3.86	3.83	3.79	3.73	51	3.60	3.59	3.57	3.53
52	3.93	3.90	3.85	3.79	52	3.66	3.65	3.62	3.59
53	4.01	3.97	3.92	3.84	53	3.73	3.71	3.68	3.64
54	4.09	4.05	3.99	3.90	54	3.80	3.78	3.75	3.70
55	4.18	4.13	4.07	3.97	55	3.87	3.85	3.81	3.76
56	4.27	4.22	4.14	4.03	56	3.95	3.92	3.88	3.82
57	4.37	4.31	4.22	4.09	57	4.03	4.00	3.96	3.88
58	4.47	4.40	4.31	4.16	58	4.12	4.08	4.03	3.95
59	4.58	4.50	4.39	4.23	59	4.21	4.17	4.11	4.02
60	4.69	4.61	4.48	4.29	60	4.31	4.26	4.20	4.09
61	4.82	4.72	4.57	4.36	61	4.41	4.36	4.28	4.16
62	4.95	4.83	4.67	4.43	62	4.52	4.46	4.37	4.23
63	5.09	4.95	4.76	4.50	63	4.64	4.57	4.47	4.31
64	5.24	5.08	4.86	4.56	64	4.77	4.68	4.56	4.38
65	5.40	5.21	4.96	4.63	65	4.90	4.80	4.67	4.45
66	5.57	5.35	5.07	4.69	66	5.04	4.93	4.77	4.53
67	5.76	5.50	5.17	4.75	67	5.20	5.07	4.88	4.60
68	5.95	5.65	5.28	4.81	68	5.36	5.21	4.99	4.67
69	6.16	5.80	5.38	4.87	69	5.54	5.36	5.10	4.74
70	6.38	5.96	5.48	4.92	70	5.73	5.51	5.22	4.80
71	6.62	6.13	5.58	4.97	71	5.94	5.68	5.33	4.87
72	6.87	6.30	5.68	5.01	72	6.16	5.85	5.45	4.92
73	7.14	6.47	5.78	5.05	73	6.40	6.03	5.56	4.98
74	7.42	6.65	5.87	5.09	74	6.66	6.22	5.67	5.02
75	7.73	6.82	5.96	5.12	75	6.94	6.41	5.78	5.07
76	8.05	7.00	6.04	5.15	76	7.24	6.61	5.89	5.10
77	8.40	7.18	6.12	5.17	77	7.57	6.81	5.98	5.14
78	8.78	7.36	6.19	5.19	78	7.93	7.01	6.07	5.16
79	9.18	7.53	6.25	5.21	79	8.31	7.21	6.16	5.19
80	9.61	7.70	6.31	5.22	80	8.73	7.42	6.23	5.21

CONTRACT INFORMATION (continued)

TABLE OF CORRIDOR FACTORS

Attained Age	Corridor Factor		Attained Age	Corridor Factor		Attained Age	Corridor Factor	
	Male	Female		Male	Female		Male	Female
0	14.0002	16.6428	34	4.44033	5.01411	68	1.59215	1.76604
1	13.6178	16.1325	35	4.29099	4.84311	69	1.55647	1.72337
2	13.1878	15.6017	36	4.14660	4.67879	70	1.52212	1.68242
3	12.7433	15.0636	37	4.00727	4.52056	71	1.48915	1.64317
4	12.2956	14.5342	38	3.87289	4.36809	72	1.45775	1.60563
5	11.8571	14.0194	39	3.74348	4.22091	73	1.42803	1.56972
6	11.4330	13.5189	40	3.61875	4.07876	74	1.39976	1.53539
7	11.0242	13.0369	41	3.49878	3.94173	75	1.37282	1.50255
8	10.6289	12.5744	42	3.38348	3.80967	76	1.34713	1.47115
9	10.2467	12.1269	43	3.27284	3.68245	77	1.32269	1.44110
10	9.87831	11.6939	44	3.16687	3.56003	78	1.29958	1.41235
11	9.52320	11.2766	45	3.06547	3.44234	79	1.27789	1.38482
12	9.18374	10.8771	46	2.96825	3.32936	80	1.25759	1.35846
13	8.86068	10.4930	47	2.87498	3.22106	81	1.23868	1.33350
14	8.55278	10.1259	48	2.78507	3.11725	82	1.22106	1.31021
15	8.26353	9.77356	49	2.69800	3.01791	83	1.20455	1.28840
16	7.99258	9.43412	50	2.61390	2.92289	84	1.18909	1.26786
17	7.73681	9.10792	51	2.53281	2.83197	85	1.17468	1.24857
18	7.49422	8.79338	52	2.45489	2.74510	86	1.16136	1.23020
19	7.26079	8.49079	53	2.38027	2.66209	87	1.14914	1.21291
20	7.03433	8.19878	54	2.30892	2.58276	88	1.13800	1.19707
21	6.81408	7.91621	55	2.24091	2.50691	89	1.12787	1.18252
22	6.59940	7.64342	56	2.17613	2.43444	90	1.11869	1.16890
23	6.39022	7.37942	57	2.11440	2.36523	91	1.11021	1.15499
24	6.18685	7.12393	58	2.05522	2.29907	92	1.10215	1.14033
25	5.98916	6.87723	59	1.99830	2.23572	93	1.09436	1.12562
26	5.79735	6.63896	60	1.94367	2.17494	94	1.08664	1.11122
27	5.61190	6.40924	61	1.89148	2.11655	95	1.07870	1.09725
28	5.43188	6.18768	62	1.84188	2.06044	96	1.06981	1.08313
29	5.25599	5.97393	63	1.79490	2.00649	97	1.05870	1.06755
30	5.08424	5.76765	64	1.75038	1.95459	98	1.04332	1.04755
31	4.91666	5.56853	65	1.70810	1.90465	99	1.01974	1.01974
32	4.75325	5.37686	66	1.66780	1.85662	100 and later ages	1.00000	1.00000
33	4.59444	5.19199	67	1.62921	1.81042			

CONTRACT INFORMATION (continued)

TABLE OF GUARANTEED MAXIMUM COST OF INSURANCE RATES

Attained Age	Monthly Cost of Insurance Rate per \$1,000		Attained Age	Monthly Cost of Insurance Rate per \$1,000		Attained Age	Monthly Cost of Insurance Rate per \$1,000	
	Male	Female		Male	Female		Male	Female
0	0.075	0.044	41	0.195	0.149	82	9.460	6.021
1	0.048	0.032	42	0.214	0.159	83	10.440	6.660
2	0.034	0.024	43	0.236	0.172	84	11.530	7.369
3	0.025	0.021	44	0.263	0.186	85	12.746	8.082
4	0.022	0.020	45	0.289	0.204	86	14.080	8.925
5	0.022	0.019	46	0.316	0.225	87	15.520	9.968
6	0.023	0.020	47	0.339	0.248	88	17.048	11.068
7	0.023	0.022	48	0.356	0.275	89	18.649	12.154
8	0.023	0.022	49	0.379	0.305	90	20.238	12.940
9	0.024	0.022	50	0.407	0.338	91	21.799	13.701
10	0.025	0.023	51	0.444	0.375	92	23.431	14.971
11	0.029	0.026	52	0.490	0.416	93	25.152	16.689
12	0.035	0.028	53	0.543	0.459	94	26.965	18.844
13	0.042	0.032	54	0.607	0.506	95	28.763	21.196
14	0.054	0.035	55	0.679	0.558	96	30.516	23.509
15	0.069	0.038	56	0.756	0.616	97	32.381	25.007
16	0.081	0.041	57	0.828	0.676	98	34.370	25.811
17	0.093	0.043	58	0.899	0.739	99	36.492	27.498
18	0.099	0.046	59	0.981	0.802	100	38.517	29.690
19	0.102	0.048	60	1.083	0.869	101	40.308	32.072
20	0.104	0.049	61	1.207	0.941	102	42.214	34.694
21	0.105	0.051	62	1.352	1.017	103	44.240	37.574
22	0.106	0.052	63	1.507	1.099	104	46.391	40.715
23	0.108	0.053	64	1.671	1.188	105	48.676	44.033
24	0.110	0.055	65	1.839	1.284	106	51.101	47.430
25	0.114	0.057	66	2.007	1.391	107	53.675	50.883
26	0.119	0.060	67	2.183	1.508	108	56.405	54.396
27	0.122	0.064	68	2.369	1.636	109	59.299	58.025
28	0.121	0.067	69	2.572	1.779	110	62.365	61.663
29	0.120	0.070	70	2.806	1.941	111	65.613	65.169
30	0.119	0.073	71	3.095	2.123	112	69.049	68.518
31	0.118	0.078	72	3.431	2.322	113	72.685	71.957
32	0.119	0.082	73	3.783	2.541	114	76.529	76.256
33	0.121	0.089	74	4.163	2.779	115	80.590	80.349
34	0.124	0.096	75	4.578	3.042	116	83.333	83.333
35	0.129	0.104	76	5.046	3.328	117	83.333	83.333
36	0.136	0.111	77	5.591	3.643	118	83.333	83.333
37	0.145	0.119	78	6.221	3.988	119	83.333	83.333
38	0.155	0.125	79	6.925	4.367	120	83.333	83.333
39	0.166	0.131	80	7.710	4.836			
40	0.179	0.140	81	8.563	5.413			

CONTRACT INFORMATION (continued)

TABLE OF MINIMUM CASH VALUES PER \$1,000 OF GUARANTEED DEATH BENEFIT

Attained Age	Cash Value per \$1,000		Attained Age	Cash Value per \$1,000		Attained Age	Cash Value per \$1,000	
	Male	Female		Male	Female		Male	Female
0	36.00	29.00	41	194.00	167.00	82	732.00	666.00
1	38.00	30.00	42	202.00	174.00	83	746.00	680.00
2	39.00	32.00	43	211.00	182.00	84	759.00	695.00
3	41.00	33.00	44	219.00	190.00	85	771.00	709.00
4	42.00	34.00	45	228.00	198.00	86	783.00	723.00
5	44.00	36.00	46	238.00	206.00	87	794.00	736.00
6	46.00	38.00	47	247.00	214.00	88	805.00	749.00
7	48.00	39.00	48	257.00	223.00	89	814.00	761.00
8	50.00	41.00	49	267.00	232.00	90	823.00	772.00
9	53.00	43.00	50	278.00	242.00	91	832.00	784.00
10	55.00	45.00	51	289.00	251.00	92	840.00	796.00
11	58.00	47.00	52	301.00	261.00	93	847.00	808.00
12	60.00	49.00	53	312.00	271.00	94	854.00	820.00
13	63.00	51.00	54	324.00	282.00	95	861.00	830.00
14	66.00	53.00	55	337.00	292.00	96	867.00	838.00
15	68.00	55.00	56	349.00	303.00	97	872.00	845.00
16	71.00	58.00	57	362.00	314.00	98	878.00	852.00
17	74.00	60.00	58	375.00	326.00	99	883.00	859.00
18	77.00	63.00	59	389.00	337.00	100	888.00	867.00
19	80.00	66.00	60	402.00	349.00	101	892.00	875.00
20	83.00	68.00	61	416.00	361.00	102	896.00	882.00
21	86.00	71.00	62	431.00	373.00	103	900.00	889.00
22	89.00	75.00	63	445.00	386.00	104	904.00	895.00
23	93.00	78.00	64	459.00	399.00	105	908.00	901.00
24	97.00	81.00	65	474.00	412.00	106	911.00	907.00
25	101.00	85.00	66	488.00	426.00	107	915.00	912.00
26	105.00	88.00	67	503.00	440.00	108	919.00	917.00
27	109.00	92.00	68	518.00	454.00	109	922.00	921.00
28	113.00	96.00	69	534.00	468.00	110	925.00	925.00
29	118.00	101.00	70	549.00	482.00	111	929.00	928.00
30	123.00	105.00	71	565.00	497.00	112	932.00	931.00
31	128.00	110.00	72	581.00	512.00	113	935.00	934.00
32	133.00	114.00	73	596.00	527.00	114	938.00	938.00
33	139.00	119.00	74	612.00	542.00	115	941.00	940.00
34	145.00	125.00	75	628.00	557.00	116	943.00	943.00
35	151.00	130.00	76	643.00	573.00	117	946.00	946.00
36	157.00	136.00	77	659.00	588.00	118	948.00	948.00
37	164.00	141.00	78	674.00	604.00	119	951.00	950.00
38	171.00	147.00	79	689.00	619.00	120	953.00	953.00
39	178.00	154.00	80	704.00	635.00	121	1000.00	1000.00
40	186.00	160.00	81	718.00	650.00			

Values are based on 5% Interest and the 2001 Commissioners Standard Ordinary Age Last Birthday mortality table, sex distinct, smoker aggregate.

<i>SERFF Tracking Number:</i>	<i>LLAC-126929821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Life Assurance Company of Boston</i>	<i>State Tracking Number:</i>	<i>47437</i>
<i>Company Tracking Number:</i>	<i>SPWL-2010157, SPWL-2010157-T</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>Single Premium Whole Life Contract</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Flesch Cerrification s WJD.pdf
 PLA-9319 AR Rev 07-05.pdf
 Rule 19 Certification WJD.pdf

	Item Status:	Status
		Date:

Satisfied - Item: Application

Comments:

The application to be used to apply for this contract is APP-2007140, approved 2/15/2008.

Attachment:

APP-2007140 Bracketed 2-4-2008.pdf

	Item Status:	Status
		Date:

Satisfied - Item: Statement of Variability

Comments:

Attachments:

SOV SPWL-2010157 12-1-2010 contract.pdf
 SOV SPWL-2010157-T 12-1-2010 AR.pdf

FLESCH CERTIFICATION

Liberty Life Assurance Company of Boston

I certify on behalf of the Company that the forms referenced below are in compliance with the readability requirements of your state. The Flesch Reading Ease Test was applied to the form in its entirety, excluding the company name, addresses, form number, revision date, tables, captions, subcaptions, proper names and defined terms.

Flesch Statistics

SPWL-2010157

Words	3,222
Characters	14,966
Paragraphs	132
Sentences	188
Flesch Reading Ease	58.0



William J. Dauksewicz, CLU, ChFC, CPCU
Vice President and Manager
Individual Life Compliance
Liberty Life Assurance Company of Boston

December 2, 2010

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers’ care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”) may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act (“Act”). Below is a brief summary of the Act’s coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone’s rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;

- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

Liberty Life Assurance Company of Boston

Arkansas Certification

Rule 19 Unfair Sex Discrimination in the Sale of Insurance

On behalf of Liberty Life Assurance Company of Boston, I certify that this filing submission meets the provisions of Arkansas Rule 19 as well as all applicable requirements of the Arkansas Department of Insurance.



William J. Danksewicz, CLU, ChFC, CPCU
Vice President and Manager
Individual Life Compliance
Liberty Life Assurance Company of Boston
100 Liberty Way
Dover, NH 03820

December 2, 2010

Date

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON
APPLICATION FOR LIFE INSURANCE

Home Office: [175 Berkeley Street, P.O. Box 140, Boston, MA 02117-0140] Service Center: [100 Liberty Way, Dover, NH 03820-5808]

1. Type of Insurance: [Single Payment Whole Life]	2. [Single] Payment \$ _____	3. [Initial Death Benefit]\$ _____	
4. Proposed Insured Information			
First	MI	Last	Street
City	State	ZIP	Telephone Number
5. Birth Date _____		<input type="checkbox"/> Male <input type="checkbox"/> Female Social Security Number _____	
Place of Birth _____		Occupation _____ Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER COVERAGE/REPLACEMENT INFORMATION

6. a) Is there any life insurance or annuity applied for or in force, other than group insurance, for the proposed insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Will this contract replace any existing life insurance or annuity in this or any other company? Company Name _____ Contract Number _____	<input type="checkbox"/>	<input type="checkbox"/>
c) Total Life Insurance in Force \$ _____		

OWNER(S) [(If other than Proposed Insured)]

7. Name	Address
Social Security/Tax ID Number	Birth Date
Relationship to Insured	Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

BENEFICIARY [(All designated beneficiaries will be considered primary beneficiaries, sharing equally, unless otherwise indicated.)]

8. Name	Relationship to Insured	Primary %	Contingent %	Name	Relationship to Insured	Primary %	Contingent %

QUALIFYING INFORMATION [(Please answer "Yes" or "No.")]

9. Has the proposed insured been:	Yes	No
a. Hospitalized or surgically treated within the last 5 years for heart disease or heart failure?	<input type="checkbox"/>	<input type="checkbox"/>
b. Treated within the last 5 years for cancer?	<input type="checkbox"/>	<input type="checkbox"/>
c. Diagnosed with or treated within the last 10 years by a member of the medical profession for: heart attack, stroke, mini-stroke, vascular and circulatory disease, Alzheimer's disease, dementia, or abnormal chest X ray?	<input type="checkbox"/>	<input type="checkbox"/>
d. Diagnosed with or treated within the last 2 years for a hip fracture?	<input type="checkbox"/>	<input type="checkbox"/>
e. Declined, refused or turned down for life insurance?	<input type="checkbox"/>	<input type="checkbox"/>

Provide full details here for questions answered "Yes."

Question #	Diagnosis/Condition/Dates	Medications/Treatments

10. Physician Name, Address and Telephone Number
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SIGNATURES**SOCIAL SECURITY/TAX ID NUMBER (TIN) CERTIFICATION**

By signing this application, I, the named owner, certify under penalties of perjury that: (1) the Social Security/Tax ID number shown on this application is correct, and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (If you are subject to backup withholding, cross out item 2 above.)

LIBERTY'S LIVING BENEFIT DISCLOSURE ACKNOWLEDGMENT

I acknowledge that Liberty's Living Benefit, an Accelerated Death Benefit, is available under this contract for initial death benefits greater than or equal to \$20,000, and I have read and received the disclosure pertaining to Liberty's Living Benefit.

☐ Check here to exclude Liberty's Living Benefit.

IDENTIFICATION VERIFICATION NOTICE

In order to help the United States government fight the funding of terrorism and other crimes, such as money laundering, Liberty Life Assurance Company of Boston may be required to obtain, record and verify certain information, such as your Social Security/Tax ID number, before issuing a contract or processing transactions. The verification process may require you to provide us with additional supporting documentation. We may also seek to verify the information by other means. If you do not provide the required information, or we are not able to verify the information you provided, federal law may prohibit us from issuing a contract or carrying out transactions for you.

AUTHORIZATION TO OBTAIN INFORMATION

I AUTHORIZE any licensed physician, medical practitioner, hospital, clinic, pharmacy, other medical or medically-related facility, insurance or reinsuring company, the Medical Information Bureau, Inc. (MIB), consumer reporting agency, employer or former employer to give to Liberty Life Assurance Company of Boston (the Company), its employees and reinsurers any information about my: physical or mental condition, character, general reputation, habits, finances, insurance history, occupation, and hobbies. I also authorize the Company to obtain an investigative consumer report on me. This authorization applies to all types of information, including but not limited to information regarding HIV infection, AIDS, mental health and substance abuse. I AM AWARE that the Company will use this information to determine if I am eligible for insurance or for benefits under an in-force policy. I am aware that the Company may give this information to its reinsurers, the MIB, other persons or entities that perform services related to my application or claim, or as may be authorized or required by law. I AGREE that this authorization shall be valid for 2 years from the date appearing below my signature and that I have the right to revoke this authorization at any time by written notification to the Company. I agree that a copy will be as valid as this original. I MAY ASK for a copy of this form. I HAVE RECEIVED the Notice of Information Practices and the notices required by the Federal Fair Credit Reporting Act and the MIB.

INSURING AGREEMENT

I(We) declare that all statements and answers given in this application are true and complete to the best of my(our) knowledge and belief. I(We) also agree that: (1) no sales representative has the authority to determine insurability, waive any rights or requirements of the Company, or make or modify any contract of insurance; (2) no information obtained by any such person will bind the Company unless set out in writing in a part of the application; (3) all statements and answers given in this application will form the basis for, and become part of, any contract of insurance issued by the Company under this application; and (4) no insurance will take effect on the basis of this application unless: (a) the full first premium has been paid; and (b) the contract has been delivered to and accepted by the applicant without a change in the insurability status of the proposed insured.

Any person who knowingly, and with intent to injure, defraud or deceive any insurance company, submits an application or files a statement of claim containing any false, incomplete or misleading information may be subject to criminal or civil penalties.

Signature of Proposed Insured

Signature of Owner if Other than Proposed Insured

Signature of Joint Owner

Signature of Agent

Dated at _____
City and State

on _____
Date

AGENT

To the best of your knowledge, will the insurance applied for replace any existing life insurance or annuity in this or any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bank Name/GA	Branch Name	State
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By signing this application, I certify that this application and any accompanying forms and disclosures have been completed in accordance with applicable law and Company procedures, and all information has been recorded accurately and completely as supplied by the applicant(s). As a licensed sales representative, I also certify that I have completed required anti-money laundering training. Except for any circumstances disclosed in this application or in accompanying information, I believe the coverage applied for meets the needs of the applicant(s) and recommend acceptance without qualification.

Agent Name	Agent License Number	Fax Number	Telephone Number
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Payment ____ was ____ was not accepted with this application. Amount received:\$ _____	Agent Signature/Date
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Liberty Life Assurance Company of Boston

Statement of Variability

December 1, 2010

SPWL-2010157

Single Premium Whole Life Contract

Variable information appears in brackets. Brackets will not appear on the owner's printed contract.
Italicized names are descriptive titles and not literal data.

Bracketed Field Name on form	Description of Variability
<i>Home Office address</i>	This is bracketed to accommodate future changes. In the event the Home Office address changes, an informational filing will be made.
<i>Service Center address</i>	This is bracketed to accommodate future changes. In the event the Service Center address changes an informational filing will be made.
<i>Service Center phone</i>	This is bracketed to accommodate future changes.
<i>Signatures and Titles</i>	In the event the title of an officer signing the Contract changes, any new title utilized will be the title of an officer of the company.
<i>footer Rev 00/00</i>	This is an administrative area used to identify administrative information.

Forms are submitted in final print and are subject to modifications in paper size, color, stock, binding, and ink, shading, borders, font type and size and changes that occur as a result of company adaptation to computer printing/typesetting.

Liberty Life Assurance Company of Boston

STATEMENT OF VARIABILITY

Arkansas

FORM: SPWL-2010157-T Contract Information Page

December 1, 2010

Variable data is shown in brackets. Brackets will not appear on the owner's contract.

Italicized words are descriptive and not literal terms.

Bracketed Field Name on Contract Information page	Description of Variability			
[(800) 451-7065] <i>phone</i>	This phone number used to contact us may change over time. This phone number will be the current toll free number at the date of issue.			
<i>States and phone numbers</i>	The list of states and phone numbers provided will include all member IIPRC states for which the product was filed, along with the current phone numbers for the various state insurance departments.			
Insured	The insured’s name is unique by insured.			
Contract Number	The contract number varies by contract.			
Issue Age / Sex	The insured’s age / sex at issue will be unique by insured.			
Contract Date	This date is unique by contract.			
Rating Class	A description of the rating class will be displayed.			
Guaranteed Death Benefit	Tied to payment— Factor based on gender, issue age, and premium rate schedule.			
Single Payment	Minimum \$5,000			
Loan Interest Rate	The value is set at issue. Percent range: 3-5% Range: 5 to 15 years			
Preferred Loan Interest Rate	The value is set at issue. Percent range: 3-4% Range: 6 to 16 years			
Riders and Endorsements	This field will display rider and endorsement information. If no riders or endorsements are issued, this will state “None.”			
	Form Name	Form #	SERFF ID	Approval
	Waiver of Withdrawal Charge Endorsement	E-2006075	LLAC-125040260	12/13/2006
	Accelerated Death Benefit Rider	RADB-2007058	USPH-6FHQLJ586	12/12/2007
	If all of the rider information does not fit on one page, additional Contract Information pages will be added to accommodate the additional rider information.			
Annual contract fee	Range: \$0.00 - \$200.00. Value set at issue.			
Annual expense charge	Range: Value set at issue, not to exceed maximums as defined in the Actuarial Memorandum.			
<i>Table of Withdrawal Charges year</i> [seven]	Range: 0 – 15 years; the values may change as permitted by the Standard Nonforfeiture Law.			
Table of Withdrawal Charges	The values and duration of the Withdrawal Charges are set at issue and will only change for new issues. The values may change to any amounts permitted by the Standard Nonforfeiture Law.			
4.1 [of 4.5]	The value will reflect the number of the total Contract Information pages.			
[SPWL] <i>field in footer of page</i>	This field is an administrative field to identify the plan selected.			

Liberty Life Assurance Company of Boston
STATEMENT OF VARIABILITY – continued

FORM: SPWL-2010157-T

Bracketed Field Name on Contract Information page	Description of Variability
<i>Barcode Field in Bottom Right Corner Footer</i>	A barcode or other code may be used on the Contract Information page. The location, size, or type of identifier is subject to change and may be deleted.
Minimum Annual Interest Rate for Payment of Proceeds	Current value: 1.00% Range: 0.50% to 3.00%
Fixed Period Table	This is set at issue and is unique by contract.
Life Income Table	This is set at issue and is unique by contract.
Table of Minimum Cash Values	Values are set at issue and will not change for duration of contract. Subject to change in accordance with Standard Nonforfeiture Law.
<i>In statement below Table of Minimum Cash Values, percentage</i> [5%]	Subject to change in accordance with Standard Nonforfeiture Law.

Forms are submitted in final print and are subject to modifications in paper size, color, stock, binding, and ink, shading, borders, font type and size, company officer signatures, company logo, company addresses and telephone number, and changes that occur as a result of company adaptation to computer printing/typesetting.